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STATEMENT OF

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BEFORE THE

SUBCOMMITTEE ON MILITARY PERSONNEL

OF THE

HOUSE ARMED SERVICES COMMITTEE

ON

CURRENT STATUS OF SUICIDE PREVENTION

PROGRAMS IN THE MILITARY

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Chairman Wilson, Ranking Member Davis, and distinguished members of the House Armed Services Committee, thank you for the opportunity to discuss the Navy's efforts to promote the psychological health of our Sailors and their families. Prevention of self-harm and suicide remain a high priority in the Navy, and we are grateful for your continued support of this critical issue.

The loss of a single Sailor to suicide is a tragedy that affects many. A suicide takes away a future, shatters a family, and affects unit cohesion and morale. In the face of high operational demands on the force, we remain committed to creating an environment where dealing with stress can be free of stigma and where seeking help is a sign of strength.

Since 1993, the average Navy suicide rate has been 11.5 per 100,000 Sailors, ranging from a high of 17.3 in 1995 to a low of 9.5 in 2005. Navy's calendar year 2010 suicide rate of 11.1 per 100,000 Sailors represented a decrease from the 2009 suicide rate of 13.1. There were 46 active duty and six Selected Reserve Sailor (SELRES) suicides in 2009 and 39 active duty and four SELRES deaths in 2010. Regrettably, recently we have experienced a reversal of this positive trend, having lost 36 active duty and four SELRES Sailors to suicide so far in 2011.

We remain vigilant concerning stress on our Sailors and their families, and continue to carefully monitor the health of the force. Every suicide and suicide attempt is thoroughly investigated, providing important data about the conditions and chain of events leading to the suicide and critical lessons learned that inform training content, communications, and policies. This information is reviewed by Navy's senior uniformed leadership on a weekly basis. The data has provided us with important information. First, the demographic distribution of suicides largely mirrors the demographics of the Navy as a whole. Second, while a recent deployment experience may be a contributing factor to suicide in some individual cases, overall, deployment

history in and of itself does not appear to increase suicide risk.[1] Third, Sailors who commit suicide tend to experience stress factors across multiple aspects of their lives,[2] the most common of which are relationship problems. Relationship problems can affect suicide risk in a number of ways – they can be a source of distress, often reducing the social support that is a key protective factor for the individual, or a reflection of other underlying problems such as mental illness.

Recent evidence suggests that as many as half of Sailors who commit suicide have experienced transition-related factors, such as permanent change of station, recent return from deployment, temporary duty, or upcoming separation or retirement. These transitions appear to increase stress, interrupt social support systems, and leave established organizational systems less aware of changes in the individual. Factors that influence judgment, such as alcohol, anger, and sleep disruption or deprivation appear to act as catalysts to increase the risk of suicide.

Over the past 20 years, we have observed that in times of significant organizational change, suicide rates tend to be higher. Periods of change increase stress and uncertainty, which may strain existing organizational protective factors. Pressures to meet operational demands may leave less time for intrusive leadership, peer engagement, morale-boosting activities, and time with family. In a high stress work environment, Sailors may be less likely to take time from work to solicit early support services or seek help for substance abuse and other problems.

While stressors have been shown to increase the risk of suicide, we believe resiliency is strengthened through leadership and peer support, strong family bonds, support services, and a sense of purpose. Our efforts remain focused on strengthening this resiliency for Sailors and their families. Our 2010 Behavioral Health Quick Poll indicated the majority of Sailors are confident in their ability to effectively respond to a Sailor who talks about suicide and the ability of their commands to support Sailors seeking help for suicidal thoughts or actions. Thus far in

[1] CNA May 2010, CNO Executive Panel (CEP) 2010
[2] DONSIR Technical Report, DODSER

2011, over 1,000 Sailors have requested and received assistance through their commands for reported suicidal ideations. Others have sought help from chaplains, family services, and medical professionals. Leadership plays a critical role in creating an environment that promotes resilience, encourages early use of support resources to address potential problems before thoughts of self-harm occur, and actively supports reintegration into the unit after a Sailor has received intervention or treatment.

Suicide Prevention – All Hands, All of the Time

Suicide prevention is an "all-hands – all of the time" effort, involving Sailors, family members, peers, and leadership. We are expanding from our historic suicide surveillance and annual awareness training to a more comprehensive and tailored approach to resilience building, suicide prevention training, intervention, research, and analysis. This includes maintaining and expanding a solid foundation of unit level suicide prevention coordinators, refreshing mental health provider skills, providing installation first responders with the skills necessary to respond to behavioral emergencies, and raising family awareness of suicide risk, warning signs, and support resources.

Command awareness and intervention is an important component of our suicide prevention strategy. Our leaders play a critical role in providing a clear sense of mission and purpose to our Sailors and creating an environment characterized by trust and unit cohesion where Sailors and their families can thrive in the face of multiple demands and stressors. Additionally, leaders must continue to remain vigilant about the effects of relationship issues, work, financial, and legal problems, and deteriorating physical health on the psychological well-being of their Sailors, and offer assistance early.

Our approach to suicide prevention focuses on four key areas:

- Fostering resilience in Sailors and their families
- Vigilance and early intervention
- Crisis response
- Comprehensive support for those impacted by suicide

Fostering Resilience in Sailors and their Families

Navy's Operational Stress Control (OSC)[3] program and our integrated structure of health promotion, family readiness, and prevention programs are focused on building resilience, addressing problems early, and creating a healthy and supportive climate.

Navy's OSC program addresses the psychological health of Sailors and their families by encouraging Sailors to seek help for stress reactions before they become stress problems, promoting strong leadership involvement, and increasing awareness of support programs and resources. The first 23 modules of formal OSC curricula have been delivered at key nodes of training throughout the career of the Sailor – "from Accessions to Flag Officer." Specific pre- and post-deployment OSC training is being delivered at all Navy Mobilization Processing Sites and Returning Warrior Workshops. To date, OSC awareness training has been provided to more than 245,000 Sailors. We continue to refine our OSC curricula as we transition from a focus on information and awareness to developing skills to identify and mitigate stress.

In October, we will introduce two mobile training teams based in Norfolk and San Diego to support the expansion of OSC training across the Navy. Parallel family modules have been developed and the basic concepts of OSC have been integrated into a variety of family training forums. Additionally, a six-hour leadership course has been successfully piloted and more than 24 commands have been trained to date with nine more scheduled to complete the course prior to the end of this fiscal year. Leaders receive training in five core areas of responsibility: (1) to

[3]NAVADMIN 332/08 dated 21November 08 established the Navy's Operational Stress Control program.

strengthen Sailors, families, and units; (2) to identify signs of stress response; (3) to mitigate the effects of stress; (4) to treat (and support treatment of) stress injuries, and (5) to reintegrate the Sailor back into the unit and/or society after suicide-related behaviors or other interventions.

We understand that the recognition of stress-related behaviors must be immediately followed by effective action. All of our Sailors receive training in stress first-aid intervention to ensure they are able to recognize when a shipmate is in trouble, break the code of silence and intervene, and connect that shipmate to the next level of leader and caregiver support. The advantage of this integrated approach is that our Sailors are able to look beyond stereotypical warning signs to recognize changes in behavior and initiate helpful actions to save lives, reduce further injury, and promote personal growth.

The Navy Reserve Psychological Health Outreach program was established to improve the psychological health and resiliency of reserve component (RC) Sailors and their families. Teams of psychological health outreach coordinators and outreach team members located at the five regional reserve commands provide psychological health assessments, education, and referrals to mental health specialists. In FY10, these teams conducted mental health assessments for more than 1,300 RC Sailors, made outreach calls to over 4,000 returning RC Sailors, and conducted approximately 176 visits to Navy Operational Support Centers (NOSCs) around the country, providing basic OSC awareness training to more than 21,000 RC Sailors and staff members.

When military parents fulfill occupational duties during wartime, their children and families can face many challenges, such as long separations, changes in family routines, and dealing with concerns about the safety of the parent who is deployed and about the well-being of the parent who remains at home. Our Fleet and Family Support Centers (FFSC) continue to provide comprehensive family and deployment support, life skills training, counseling, and transition support to our Sailors and their families through an array of services.

Project FOCUS (Families Overcoming Under Stress), initiated by the Navy Bureau of Medicine and Surgery (BUMED) in 2008, provides state-of-the-art family resiliency services to military children and families at over 20 Navy and Marine Corps sites and online for those in remote locations. FOCUS promotes a culture of prevention and the reduction of stigma through a family-centered array of programs, such as community briefings, educations workshops, individual and family consultations, and resiliency training. This approach teaches military members and their families to understand their emotional reactions, communicate more clearly, solve problems more effectively, and set and achieve their goals throughout the deployment cycle. As of June 2011, more than 238,000 Sailors, Marines, and their families have used FOCUS services since the program's inception. Feedback on the program has been very positive. Participants report high levels of satisfaction with the services provided, reduced psychological distress, and improved individual and family functioning.

Vigilance and Early Intervention

A basic tenet of our suicide prevention program is to empower shipmates, leaders, family, and community members to recognize early signs of risk and take actions to address concerns at the earliest possible point.

The Coalition of Sailors Against Destructive Decisions (CSADD), a grassroots peer mentoring program led by and for young Sailors, continues to grow with over 200 chapters across the Navy. CSADD focuses on empowering our most junior Sailors with the tools and resources to promote good decision-making processes and leadership development while reinforcing a culture of shipmates helping shipmates. CSADD members promote awareness and discussion among their peers across a range of areas, to include suicide prevention, financial management, and responsible use of alcohol, personal safety, and domestic violence. Examples of CSADD initiatives include the "Stop and Think Campaign," which highlights the potential consequences of poor decisions, an active Facebook page where Sailors can ask questions,

access information and training materials, and share lessons learned, and a semi-annual newsletter to highlight best practices across the Navy.

We recently deployed our fourth Navy Mobile Mental Health Care Team for a six-month mission in Afghanistan. The team consists of two mental health clinicians, a research psychologist, and an enlisted psychiatry technician. They provide psychological first aid to Sailors and administer the Behavioral Health Needs Assessment Survey (BHNAS). The BHNAS provides an overall assessment of real-time force mental health and well-being every six months, and can identify potential areas or sub-groups of concern for leaders. It assesses a wide variety of content areas, including mental health outcomes and the risk and protective factors for those outcomes such as combat exposures, deployment-related stressors, and positive effects of deployment, morale, and unit cohesion.

In addition to data provided by the BHNAS, senior Navy leadership routinely monitors the tone of the force through surveys, monthly reports of suicide-related activities, and weekly updates to the Chief of Naval Operations. We developed a Commander's Toolkit for Suicide Prevention and Response as a ready reference for command leaders and offer "waterfront" briefings around the world on the most current suicide prevention practices and tools. Individual commands can also tailor training to their needs with products such as the "Peer to Peer" training module and "Front Line Supervisor Training."

As of 1 June 2011, every Navy web site was required to include the message "Life is Worth Living" and a link to the National Suicide Prevention Lifeline and Veterans Crisis Line. This is one example of a coordinated and systematic year-round communications strategy that includes leadership messaging, internal media, and educational materials to raise awareness about suicide risk and provide ready access to resources.

Our Medical Home Port Program is a team-based model focused on optimizing the relationship between patients, their providers, and the broader healthcare team. Mental health

providers are embedded within our Medical Home Ports to facilitate regular assessment and early mental health intervention. This model enables Sailors to be treated in the settings in which they feel most comfortable and reduces the stigma associated with the care they receive. Additionally, improving early detection and intervention in the primary care setting reduces the demand for time-intensive intervention in our mental health specialty clinics.

Crisis Response

While the majority of Navy suicide prevention activities focus on resilience building and early intervention, we must also be prepared to intervene at any stage of a crisis. It is not enough to know what to do. We must also know how to do it. Every Navy command is required to maintain a crisis response plan to ensure individuals understand how to quickly and effectively get help to someone in distress or keep someone who is at acute risk safe until they can receive professional care.

Suicide is the last step in a complex chain of events during which an individual may come in contact with key personnel, such as legal professionals, first responders, and chaplains, who have the opportunity to intervene. We are developing targeted training to ensure these individuals can identify potential risk factors and respond appropriately according to their specific roles and responsibilities. Last month, we conducted our first specialized training session for judge advocate generals. We recently filmed a video, currently undergoing editing, as part of a new training program for installation emergency first responders such as Emergency Medical Services (EMS), dispatch, and security personnel that covers safety, de-escalation, and response coordination for behavioral health emergencies and suicide risk situations.

To ensure our mental health providers remain proficient in assessing risk and developing safety and treatment plans, they have the opportunity to participate in Assessment and Management of Suicide Workshops, which focus on developing the core provider competencies identified by the American Association of Suicidology. So far in 2011, 20 of 29 scheduled

workshops at Navy Medical Treatment Facilities around the world have been completed, which provided training to over 700 mental health providers.

We have also expanded leadership briefings and guidance materials to incorporate the reintegration phase. Once someone receives help, it is essential to create an environment that supports their successful return to duty (or in some cases, transition to other duty or civilian life). Successful continuation with a Navy career after receiving help sets a strong, positive example for others in need by demonstrating that positive outcomes are possible if they reach out.

Post-Suicide Support

After a suicide, we believe that timely and compassionate resources and assistance are the first step to mitigating the effects on those impacted by the tragedy of suicide. In late 2010, we completed a training video to assist individuals responsible for providing post-intervention support after a suicide. Navy also formalized a memorandum of understanding with the Tragedy Assistance Program for Survivors (TAPS), enabling them to contact family members to offer support services essential in the long recovery process after a suicide loss. Additionally, Navy Special Psychiatric Rapid Intervention Teams (SPRINT) are on call 24 hours a day, seven days a week for circumstances requiring a higher level of support, and local chaplains and Fleet and Family Support Centers regularly provide command consultation, memorial services, and grief counseling support.

Collaborative Efforts

We are fortunate to have a high degree of collaboration between the services, the Department of Veterans Affairs (VA) and other federal agencies, academia, and community organizations. Navy actively participates in the DoD/VA Suicide Prevention and Risk Reduction Committee. Through conferences, monthly meetings, and other forums, participants leverage shared knowledge and expertise to assess gaps, communicate best practices and lessons learned, and develop joint products for family outreach and public service communications.

The DoD Task Force for Prevention of Suicide Among Members of the Armed Forces conducted a systematic review of prevention efforts and provided 76 recommendations. Navy has already implemented several of the task force recommendations and continues to work to incorporate measures to meet the intent of the Task Force Report. This includes increasing our headquarters level staff devoted to suicide prevention efforts and expanding our resilience initiatives.

Moving forward, our suicide prevention strategy will continue to focus on building resilience, implementing additional skills-based training, expanding the aperture of our efforts to the Selected Reserve and Navy civilians, integrating readiness and prevention activities across the Navy, and breaking down barriers to seeking help.

Conclusion

As a Navy, we ask an incredible amount of our Sailors and their families and in return, we remain committed to providing them with the level of support and care commensurate with the sacrifices they make. On behalf of all the men and women of the United States Navy and their families, thank you for your commitment to this critical issue and of your continued support of our Navy families.